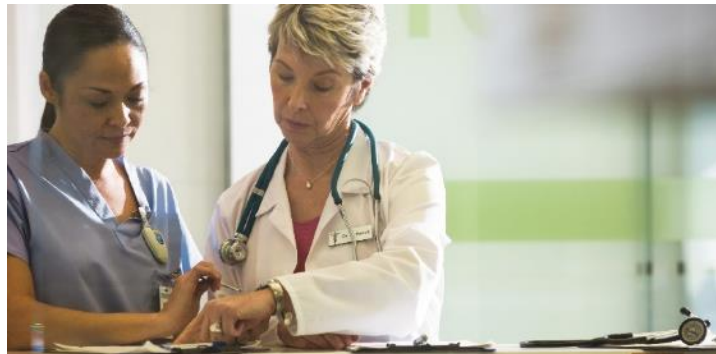# Fee-for-Service Prior Authorization on the IHCP Provider Healthcare Portal

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019

Agenda

- Determine if prior authorization is needed
- Create a prior authorization request
- View a prior authorization
- Update a prior authorization
- Helpful tools
- Questions

Determine if a Prior Authorization is Needed

Determine if Prior Authorization is Needed

- **Is a prior authorization needed?**

- **BEFORE** logging on to the Provider Healthcare Portal to create a request, save time and avoid submitting codes that do not require a prior authorization by looking up the codes on the Fee Schedule. For your convenience, there is a *Search Fee Schedule* link located on the Portal Home page.

Determine if Prior Authorization is Needed

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd
99600					MEDSV	Medical Services	Def	MAXFEE	7/1/2018		Y	
Min-Max Units			**Fee Schedule Amt:**		$18.88		**Base Units:**	0	**Age Min-Max:**			
Procedure Desc:		HOME VISIT NOS					**CMS Add Date:**	1/1/2003	**CMS Term Date:**			

Prior Authorization Contractor

- The prior authorization contractor for traditional fee-for-service Medicaid is **DXC Technology**

- Refer to bulletin **BT201957** for information about change from Cooperative Managed Care Services to DXC for prior authorization

Care Management

Create a
Prior Authorization Request

Create a Prior Authorization Request

My Home	Eligibility	Claims	Care Management	Resources	Switch Provider

Care Management > Create Authorization

Delegate for   .   **Role IDs**   Provider - In Network -   ▼

Create Authorization   ?

Any forms relating to Authorization requests can be found here.

* Indicates a required field.

Expand All | Collapse All

Requesting Provider Information   —

Requesting Provider Information

Provider ID [ ]   **ID Type** [ ]   **Taxonomy** _   **Name** [ ]

The Provider ID, ID Type (NPI or ID), and Name will default to the *Service Location* the requester is currently logged in to.
* This is the location where the PA can be viewed.

Create a Prior Authorization Request

Member Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID [　　　　　　　]   *Birth Date❶ [　　　　] 🔲

*Last Name [　　　　　　　]   *First Name [　　　　　　　]

Enter the Member ID, birth date, and at least one letter of the first and last name.
Verify eligibility for accurate information.

Create a Prior Authorization Request

Rendering Provider Information ⊟

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from you list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites [No favorite providers available. ▼]

Provider ID [＿＿＿＿＿] 🔍   **ID Type** [▼]   **Name** _

Add to Favorites ☐

Taxonomy [＿＿＿＿＿]

*Service Type [＿＿＿＿＿＿＿＿＿▼]

Message Information ⊟

Use the search spyglass for accuracy.

Create a Prior Authorization Request

Provider ID Search   ?

Search By ID	Search By Name	Search By Organization

* Indicates a required field.

*Last Name [   ]   First Name [   ]

Search   **Cancel**

To select a provider, click the Provider ID.

Total Records: 1

Provider ID	Provider Name ▲	Provider Type	Taxonomy	Provider Address	City	State	ZIP Code
.	.	Physician		RENDERING PROVIDER NO ADDR	INDIANAPOLIS	Indiana	46204-1034

Click on the Provider ID.

Create a Prior Authorization Request

Rendering Provider Information

If you wish to enter a Rendering Provider for this Authorization, you can either click the checkbox to use the Requesting Provider, select the Rendering Provider from you list of Favorites or enter ID, ID Type and Taxonomy (as needed). You will have the option of selecting a different Rendering Provider for any Service Detail below. You MUST select a Service Type for this Authorization.

Rendering Provider same as Requesting Provider ☐

Select from Favorites | No favorite providers available. ▼

Provider ID [_____] 🔍 **ID Type** NPI ▼ **Name**

Add to Favorites ☐

Taxonomy [_____]

*Service Type** [_____ ▼]

[_____ ▼]

- ABORTION
- ACUPUNCTURE
- ADJUNCTIVE DENTAL SERVICES
- AIDS
- ALCOHOLISM
- ALLERGY
- ALLERGY TESTING
- ALTERNATE METHOD DIALYSIS
- ANESTHESIA
- AUDIOLOGY EXAM
- BURN CARE
- CANCER
- CARDIAC
- CARDIAC REHABILITATION
- CARE MANAGEMENT
- CHEMOTHERAPY
- CHIROPRACTIC
- CHRONIC RENAL DISEASE (CRD) EQUIPMENT
- COGNITIVE THERAPY

The populated rendering information may be added to favorites for future reference.

Choose the Service Type from the drop-down list.

If there is no taxonomy in the rendering profile, do *not* enter one here.

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Create a Prior Authorization Request

Message Information ⊟

Enter any additional information concerning this Authorization request.

Message [   ]

> The message should include medical necessity; also, frequency and duration, when appropriate.

Diagnosis Information ⊟

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Do not use a decimal point when entering the Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
⊟ Click to collapse.		

Diagnosis Type [ICD-10-CM ▼]   **Diagnosis Code** ❶ [   ]

[**Add**]   [**Cancel**]

> Start entering a diagnosis – choose from the drop-down list.

Create a Prior Authorization Request

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

+/-	From Date	To Date	Code	Modifiers	Units	Action

☐ Click to collapse.

*From Date 🛈 [   ] 🔲 To Date 🛈 [   ] 🔲 *Code Type [CPT/HCPCS ▼] *Code 🛈 [   ]

Modifiers 🛈 [   ] [   ]

[   ] [   ]

Units [   ] Dollars [   ] Place of Service [▼]

Message [   ]

Rendering Provider (if different from above):

Select from Favorites [No favorite providers available. ▼]

Provider ID [   ] 🔍 ID Type [▼] Taxonomy [   ] Name _

[**Add**] [**Cancel**]   Choose **ADD** to save each detail

Complete the required information – see red asterisks. **✳**
- ✓ Add modifiers, units, dollars, and place of service, as appropriate, and message for the specific detail.
- ✓ **ALL** services must be included on the PA request.

Create a Prior Authorization Request

Attachments ▬

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

☐ Click to collapse.

*Transmission Method FT-File Transfer ▼

*Upload File [Choose File] No file chosen

*Attachment Type [▼]

05-Treatment Diagnosis
06-Initial Assessment
07-Functional Goals
08-Plan of Treatment
09-Progress Report
10-Continued Treatment
11-Chemical Analysis
13-Certified Test Report
15-Justification for Admission
21-Recovery Plan
48-Social Security Benefit Letter
55-Rental Agreement
59-Benefit Letter
77-Support Data for Verification
A3-Allergies/Sensitivities Document
A4-Autopsy Report
AM-Ambulance Certification

[Add]   [Cancel]

* Add attachment when needed.
*Limit the information to only what is required to support the need for services.

Create a Prior Authorization Request

Signature

Providers using electronic systems need to recognize the potential for misuse or abuse with alternate signature methods. Providers are responsible for the authenticity of the documentation and signatures. Physicians are encouraged to check with their attorneys and malpractice insurers regarding electronic signatures. Any provider using an electronic signature must follow the requirements of Indiana Code (IC) 26-2-8-116.

IC 26-2-8-116
Electronic signature involving individual health information
Sec. 116.
(a) As used in this section, "authorization" means a consent, an approval, or an authorization between an individual and a person.
(b) As used in this section, "electronic identification" means the electronic identification system for form, location, and endorsement that is specified in subsection (d).
(c) Electronic signature authentication and identification may be used for an individual who participates in agreements, authorizations, contracts, records, or transactions that involve individually identifiable health information, including medical records and record keeping, transfer of medical records, medical billing, health care proxies, health care directives, consent to medical treatment, medical research, and organ and tissue donation or procurement.
(d) The electronic authentication and identification under subsection (c) may be accomplished by an interactive system of security procedures that include any of the following:
(1) A tamper proof electric appliance that receives input of unique identification numbers, unique biometric identifiers, or location devices.
(2) A computerized authentication process for biometric identifiers that is linked to the appropriate identification numbers upon receipt of the identifiers.
(3) Transmission of verification of the identifiers to a securely maintained electronic repository.
No provision in this section may be construed to supersede or preempt applicable federal and state law, including the Indiana Uniform Electronic Transactions Act (IC 26-2-8), the Health Insurance Portability and Accountability Act of 1996 and associated regulations, and 21 CFR Part 11. As added by P.L.77-2005, SEC.1.

405 IAC 5-3-10 Providers who may submit prior authorization requests
Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-15-30-1
Sec. 10. Except as otherwise provided in this title, prior authorization requests may be submitted by any of the following:
(1) Doctor of medicine.
(2) Doctor of osteopathy.
(3) D
(4) O
(5) P
(6) C
(7) P
(8) H
(9) H
(10) F
Reque
filed I
2007,
2016)

If a p
that t
mail.

If a provider type other than those listed previously submits a PA request electronically via the Portal, the requester must submit additional documentation indicating that the service or supply is physician-ordered. The additional documentation may be uploaded as an attachment to the Portal request, or else must be sent by fax or mail. Unless the attachment is submitted via the Portal at the time the request is made, the original request is suspended for documentation of the physician's order. Failure to submit additional documentation within 30 calendar days of the request results in denial of the request.

The Prior Authorization Request Form terms must be accepted by entering your e-signature below in order to submit the request for approval.

I hereby confirm my understanding that I am the owner or authorized representative of this business entity, that my electronic signature is equivalent to my written signature, and that my electronic signature below confirms my acceptance of all stipulations, conditions, terms and attestations herein. All information and supporting documentation submitted with this form is true, complete and correct.

*Your Signature [   ]
(Entering your name in the box will constitute your electronic signature.)

[Submit] [Cancel]

Review the signature guidelines.

If a physician signature is needed, upload as an attachment

Submit and confirm.

Create a Prior Authorization Request

The authorization request is assigned an **Authorization Tracking Number.**

• This number is used to track the status of the requested authorization.

There are three buttons with options:

➡ Print the submitted authorization form and receipt.

➡ Copy information to a new request.

➡ Start a new request for a different member.

Authorization Receipt   ?

Your Authorization Tracking Number 1000000084 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.

Click **Copy** to copy member data or authorization data.

Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[**Print Preview**]   [**Copy**]   [**New**]

View a Prior Authorization

View a Prior Authorization

View a Prior Authorization

Only the *requesting* provider can view the PA *without the PA number.* *The PA is specific to the *Service Location* the requester was logged into when creating the PA request.

Requesting providers have two ways to search:

- Prospective authorizations
  - Lists up to 20 authorization requests
  - Service date is today or a future date
  - Requests have not been approved or denied
- Search options – Enter information in the search fields:
  - Authorization number
  - Service type
  - Date range or service date
  - Member information
  - Provider information

View a Prior Authorization

View Authorization Status

Search Options | Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Rendering Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations

Click on a Column Heading to change the sort order

Authorization Number	Service Date ▲	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider
.	.		.	OCCUPATIONAL THERAPY	. .	. .
. .	. .	.	.	OCCUPATIONAL THERAPY	.	.

Authorizations can be sorted by clicking on any of the column headers. Click the *Authorization Number* to view the authorization.

View a Prior Authorization

Search Options | Prospective Authorizations

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

Authorization Information

[?] Authorization Number [_____]

Service Type [_____ ▼]

Select a Day Range or specify a Service Date

Day Range [Next 14 days ▼]   **OR**   Service Date θ [_____] 🔲

Member Information

If member information is entered and the Member ID is not entered, then Last Name (at least 1 character), First Name (at least 1 character) and Birth Date are all required.

[?]   Member ID [_____]   Birth Date θ [_____] 🔲

Last Name [_____]   First Name [_____]

Provider Information

To narrow the search by Rendering Provider, enter the ID and ID Type or click on the magnifying glass to search for a provider.

[?]   Provider ID [_____] 🔍   ID Type [_____ ▼]

[Search]   [Reset]

ABORTION
ACUPUNCTURE
ADJUNCTIVE DENTAL SERVICES
AIDS
ALCOHOLISM
ALLERGY
ALLERGY TESTING
ALTERNATE METHOD DIALYSIS
ANESTHESIA
AUDIOLOGY EXAM
BURN CARE
CANCER
CARDIAC
CARDIAC REHABILITATION
CARE MANAGEMENT
CHEMOTHERAPY
CHIROPRACTIC
CHRONIC RENAL DISEASE (CRD) EQUIPMENT

Next 14 days ▼

Next 7 days
Next 14 day
Next 30 day
Last 7 days
Last 14 days
Last 30 days

View a Prior Authorization

Service Details

	From Date	To Date	Code	Modifiers	Units	Status
⊞	.		CPT/HCPCS . `	-	2	Certified In Total
⊞			CPT/HCPCS ` . .		2	Certified In Total
⊞			CPT/HCPCS .		8	Certified In Total
⊞	- `	. .	CPT/HCPCS ..		276	Certified In Total

Attachment Information

No Attachments exist for this Authorization

Indiana Administrative Codes/Descriptions

No IAC Text exist for this Authorization

Analyst Remarks

Date	Line Number	Remarks
.	200	Guarantee Payment Prior Authorization is not a guarantee of payment.

System Update

Authorization is not a guarantee of payment.

Print Preview

Authorization has been approved.

Update a Prior Authorization

Update a Prior Authorization

The requesting provider has the option to click the *System Update* button on the *View Authorization Response* page to make changes to an authorization.

- **The System Update function CANNOT be used on a denied PA.**

A request that has been approved or is pending approval can have a system update to add more units to a service, extend dates for a service, or make other updates.

Indicate the line item and use the Message field to provide explanation of what needs to be changed.

Update a Prior Authorization

Date	Line Number	Remarks
-	200	Guarantee Payment Prior Authorization is not a guarantee of payment.

System Update   **Print Preview**

System Update Information ▬

Enter the Line Item number (use 0 if the update applies to the entire Authorization, not a specific Line Item) and a description of the update to be applied. Click the **Remove** link to remove an entry.

Line Item	Message	Action
☐ Click to collapse.		

*Line Item [____]

*Message [_____]

Add   **Cancel**

Resubmit and confirm.

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Helpful Tools

Helpful Tools

Provider Relations Consultants

REGION		FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
Illinois	2	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
	3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4	Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
Kentucky Ohio	5	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
		Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead		Jenny Atkins		(317) 488-5032	

Helpful Tools

**IHCP website at in.gov/medicaid/providers:**

- *IHCP Provider Reference Modules*

- *Medical Policy Manual*

- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time

- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal

  *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*
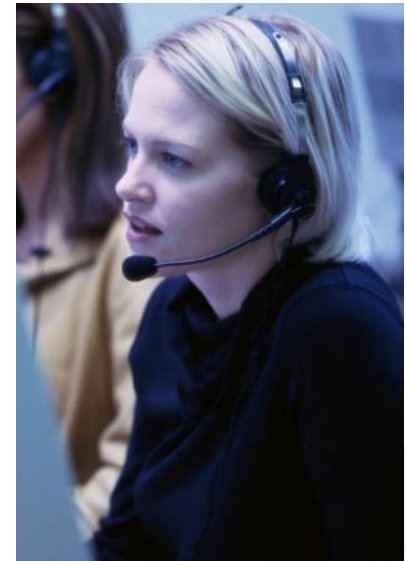
Questions

Following this session, please review your schedule for the next session you are registered to attend

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1044